

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St. Elizabeth Medical CenterCity: Lafayette County: Tippecanoe Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	19	525	3,812	\$16,352
ICU Med/Surg	12	131	2,724	\$32,848
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	131	6,433	26,210	\$2,207
Neonatal Intermed	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	162	7,089	32,746	NA
Normal Newborn	0	0	0	\$0

II. Outpatient Visits			
Circulatory System	113	Digestive System	713
Endocrine System	137	Injuries and Poison	10,438
Mental Disorder	47	Musculoskeletal	0
Neoplasms	561	Nervous	1,389
Respiratory	483	Urinary	76
Other/Unknown	94,190	Total Visits	108,147
Number of Visits to Emergency Department			32,680
Percent of Emergency Department Visits of Total Visits			30.2%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	N - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
Y - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
N - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
------	----------------	-------	----------------------	------	--------------

[Health Care Regulatory Services](#)

[2003 Hospital Services Main Page](#)